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THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

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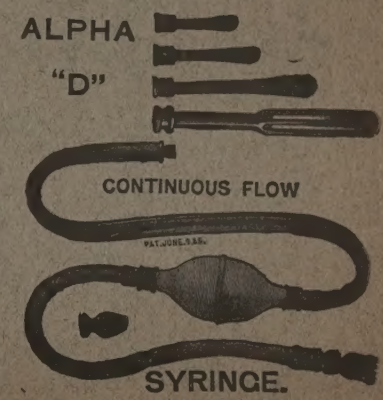

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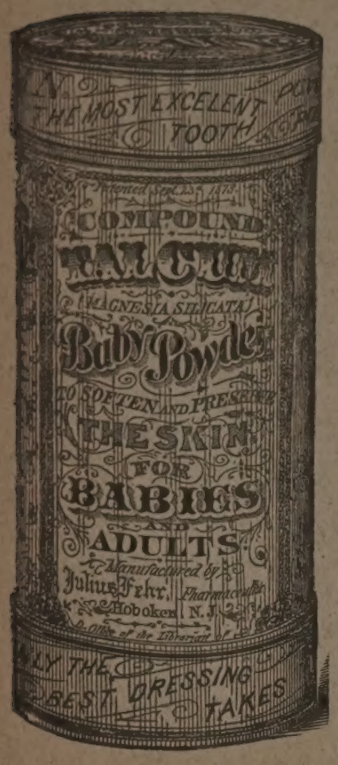

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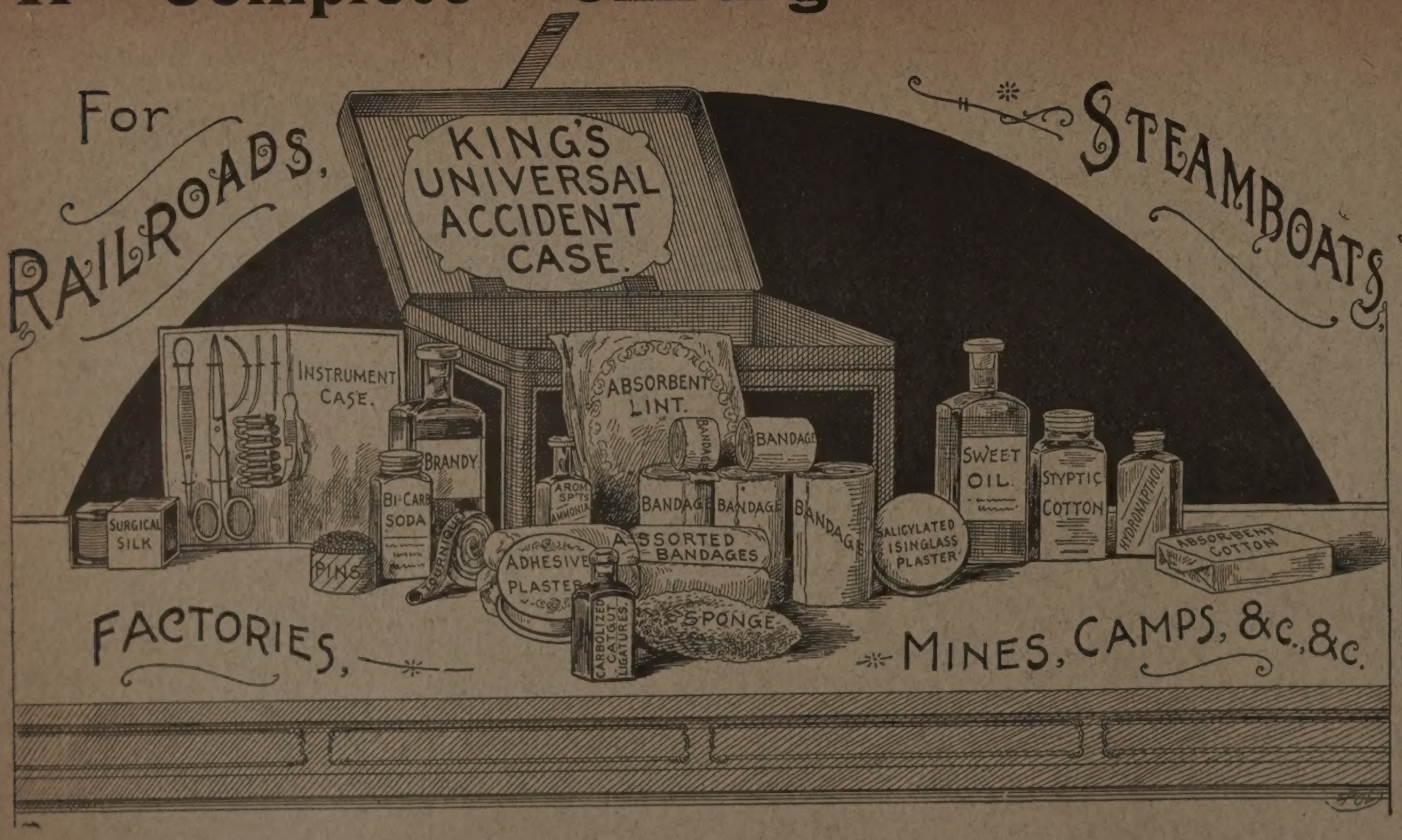

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SURGERY OF THE THROAT AND NOSE.*

BY L. C. CLINE, M. D., INDIANAPOLIS.

The subject of nasal surgery, as developed in the last decade, can only be appreciated as we study the intricate and important functions that have their seat in the different bodies, and the mucous membrane lining the nose, together with the reflex disturbances that are prone to follow morbid conditions of these parts.

There have been several new instruments presented; among the more important is a self-retaining nasal speculum; it is a modification of the eye speculum, and when introduced it stands up over the nose out of the way.

Flatu, of Berlin, has devised a reretention apparatus for Voltolin's nasal speculum; it consists of a padded spring which is placed over the head. These instruments are both valuable in operating, as they allow the operator the use of both hands.

Several new snares have been presented, but all are modifications of the old ones. Probably the best snare in use is Wright's, which has the double advantage of easy manipulation with great strength.

E. Pins, of Vienna, has recently introduced what he calls a new method of irrigating the nose. The apparatus consists of a bottle, in the cork of which are fixed two tubes—one is placed in the nose, the other in the mouth; the act of blowing causes the soft palate to close the naso-pharynx, and the fluid is forced back through the other nasal cavity. This is not new, as Dr. R. F. Stone devised and used this douche in 1878. It has the same objection as all other douches, that of forcing the fluid into the middle ear.

When operating in the nose for the removal of tumors, spurs, exostoses, or portions of the turbinate bodies, cuts should be clean and smooth, avoiding flaps and haggling, as they heal better and do not leave elevations and depressions for the retention of secretions and thus favor absorption of septic matter.

The electro-cautery is a most powerful instrument for good or evil; in the hands of skilled and conservative operators it stands at the head of all agents where a slight escharotic is desired, because the operator has it under perfect control.

In recent cases of hypertrophied turbinates and in follicular pharyngitis, small polypoid and cystic growths, and in small, hard cicatricial tonsils that have adhered to the pillars and where they have been the seat of attacks of quinsy, the cautery is probably the best method of treatment. When operating in the nose the electrode should be placed in the nose before it is heated, and great care must be exercised to not use too great heat, as very annoying hemorrhages may occur from this cause.

The use of the knife for the removal of hypertrophic tissue is superseded by the cautery and snare, from the fact that results are just as good and the danger from hemorrhage is reduced to a minimum. The cold snare should be used only in advanced cases, where it is necessary to remove a large amount of tissue; in more recent cases it should be avoided and the cautery used instead, as the object is to contract and preserve this tissue, instead of its removal and complete destruction.

During the last year there have been some interesting experiments with electrolysis in reducing glandular enlargements and cystic tumors about the throat. Hunter McGuire claimed to reduce tonsils and other glands by driving into them a ten per cent. solution of potassium iodide applied on sponge or cotton with positive pole. It is also claimed that cystic goitre and other like tumors may be cured by first drawing off two-thirds of the fluid with a trocar, then refilling tumor with a ten per cent. solution of potassium iodide; then introducing a platinum wire attached to positive pole through trocar guarded with a rubber shield, which will cause the iodine to be set free and deposited on the cystic wall and thus effect a cure.

*Presented to the Indiana State Medical Society May 13th, 1892.

PRESERVATION OF THE PERINEUM.

BY EDWIN P. TURNER, M. D., OF RICHMOND, VA.

Read before Richmond Academy of Medicine and Surgery, June 21st, 1892.

In the discussion to-night it is not my intention to go into the details of causation of ruptures of the perineum, nor to enumerate the many plans of treatment advocated by various authors; but more to bring to the attention of this body a plan for the prevention of this accident, which I have of late adopted. On my part, it was the outcome of necessity. Appreciating that a clean cut heals more kindly and readily than a ragged tear, especially in a favorable position, I was induced in the emergency to carry an idea into practical application—a procedure I have had no reason to regret; for it certainly has, in more than one instance, served me well. We are fully aware of the all-importance of an intact perineum for the preservation and continuance of a healthy condition of the pelvic and genital organs of woman. Appreciating this fact as we do, it should be our duty to use every means available and practicable that tends to the welfare of our patients.

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Modern Surgery is now awakening to the fact that in surgery of the future, digestive ferments will play an important part, as now in many cases pepsin has successfully displaced the knife in the removal of blood coagula, sloughs, carious bone, etc., and is valuable as a wash for ulcers wounds, etc., from which it effectually removes all pus and unhealthy tissues.

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The majority of cases, especially multipara, with little attention, generally terminate favorably as far as the perineum is concerned. Of course, it is our duty in every case of accouchement, no matter how simple, to give sufficient attention to this important part, if for nothing more then to have a clear conscience of duty well performed. Other cases, where the parts are more rigid and unyielding, will require more skill and attention. Sometimes, after hard and faithful work, our patient is delivered safely. Then, again, it may be our misfortune that she is torn to a degree ranging from a ruptured fourchette to the destruction of the entire perineal floor.

We have all been taught how the presenting part should be pressed back during a pain, especially when there is danger of rupture, so that the perineum shall have time to gradually stretch and dilate; that we should tend to shove the perineum forward—the perineum resting in the hollow of our hand, while the extended thumb rests upon one side of the vulva and fingers on the other—so that it shall be stretched over the presenting part, thereby helping it to dilate; also that it is preferable when the perineum is fully dilated to bring the presenting part forward between the pains and deliver them if possible There are other plans that I might enumerate. It is well to remember that in vertex presentations it is not always the head, but often the after-coming shoulders, which give you trouble. We should guard the parts with care until after the shoulders are delivered.

It is when every method has been tried, and we feel that rupture is imminent, that I would suggest to take either a sharp pair of blunt-pointed scissors, or a blunt-pointed bistoury or hernia knife, and nick on both sides that part of the labia which is most severaly stretched, midway between the pubis and the perineum, cutting outward from one-half to one inch. Before the cutting, the labia is stretched over the presenting part—a thin, web-like membrane, fittting it like a glove. It is not so readily lacerated as the perineum. After the incision it retracts. We have a larger and more commodious vulvar outlet; the child is born, the perineum saved, and no important parts have been injured. Instead of having a tendency to separate, as does a perineal tear at every movement of the patient, the severed edges come at once into apposition—seldom needing a stitch, readily healing, leaving the parts in a normal condition, the position of the wounds render them but little liable to septic absorption and infection.

I have treated four cases, all primiparæ, by the above method, with the very best possible result, and am confident had I pursued a different course, badly lacerated perinei, and the bugbear and trouble which attend them, would have been my lot. As it is, all four of my patients are enjoying perfect health as far as the perineum and the organs dependent upon it for support are concerned. I throw out this suggestion with the hope that it may help some of you in time of need, and render as faithful service as it has me.

REPORT OF CASE OF ASPHYXIA BY ILLUMINATING GAS.*

By James T. Johnson, M. D.,

Resident Physician, Maryland General Hospital.

Patrick T., white male, age 32, was admitted to the Maryland General Hospital, medical service of Professor David Streett, at 9.30 a. m., April 22nd, 1892.

One hour previous to admission, he had been discovered, comatose, in his room, a small attic, with windows and door tightly closed. The room was full of gas, which was still escaping from the jet, just as he had left it, when at three o'clock in the morning he had returned to his room, and, as he subsequently stated, being half intoxicated, blew out the gas.

Patient on admission was unconscious, pulse 80 per minute, soft and weak, respirations shallow, 5 per minute, extremities, ears, nose and lips cold, pinched and blue. Deglutition impossible, rectal sphincter paralyzed, feces passing involuntarily, bladder distended with a large quantity of retained urine.

Trinitrin and whiskey hypodermatically were employed at once and repeated at intervals, the immediate result being a notable improvement of cardiac action. Artificial respiration, after the method of Sylvester' was steadily employed for five hours. During this entire period, whenever the patient was left to voluntary effort, artificial respiration being discontinued, after a few feeble attempts breathing would cease, the cold douche and slapping chest with cloths wrung out of ice water provoking only a few feeble gasps.

To stimulate respiratory effort strychnia sulphate in $\frac{1}{60}$ grain doses was administered hypodermatically, some improvement being noted after each dose; but not until the third dose had been given, five hours after entrance into the hospital, did patient's breathing improve so much that it was deemed safe to discontinue artificial respiration. At this time respirations, though rather irregular, were averaging 10 per minute.

Twelve hours after entrance into the hospital, patient began to develop some pyrexia, his temperature at no time exceeding 100°F. The elevation of temperature continued for twelve hours; there was also active delirium, which was partially controlled by ice bag to head and chloral hydrate internally. The delirium was marked by great restlessness, the patient tossing heavily from side to side of the bed, seeming to gasp for breath, then after a few minutes settling quietly down with a long-drawn sigh, and breathing quietly as an infant; then, after resting for a short interval, the jactitation was repeated as before.

On the second day respirations remained at eleven per minute, temperature fell to normal, patient took liquid nourishment and rested well. Catheterization still necessary; strychnia sulphate and whiskey continued.

On the evening of the third day, though there was yet extreme depression, patient was comfortable, respirations 18 per minute and urination and defecation under voluntary control. On the fifth day, patient was so far recovered as to be removed to his home.

Daily urinalyses were made. For forty-eight hours after admission the urine was loaded with albumin; the volumetric per centum was not determined.

From this time there was a rapid daily decrease in the amount of albumin, until on the day of discharge there remained only a trace in the urine. An analysis of the urine one week later revealed the total disappearance of albumin. Microscopic examination of the urinary sediments showed only a few hyaline casts.

Attentive observation of the immediate effects of the drugs used leads to the conclusion that strychnia was the drug to the use of which the successful issue of the case was largely due, in addition, of course, to supplementing voluntary by artificial respiration. Almost at once following each hypodermic of strychnia both the depth and frequency of inspirations was notably augmented. Death seemed imminent from deficient respiratory effort, cardiac action remaining relatively good. Trinitrin, alcohol and ammonia, though immediately and certainly stimulating the heart, did not seem similarly stimulant to the respirations, while strychnia satisfactorily fulfilled this indication.

The remarkable feature of the case is the survival, by the patient, of five hours in a small tightly-closed room, the atmosphere of which was saturated with gas, and his final recovery after five hours of artificial respiration had been necessary. In the ordinary run of coal-gas asphyxias, after a similar or often far shorter period of exposure, the blood has already reached that condition that as an oxygen carrier it is inadequate to the needs of the individual. Owing to the stable combination of carbon mon-oxide with the hæmoglobin of the blood, forming carboxy-hæmoglobin, which is not an oxygen carrier, death results from suffocation, even though plenty of oxygen is supplied to the lungs.

The practical bearing of the case lies in the illustration of the value of strychnia in poisoning by carbon mon-oxide. Its well-known physiological effect of stimulating the respiratory function accomplishes increased oxygenation of the intact hæmoglobin by the increased respiratory effort. —*Md. Med. Jour.*

* Read (by title) before the Georgia State Medical Association, April 20, 1892.

THE DIAGNOSIS OF SOME ABDOMINAL TUMORS SUPPOSED TO BE OVARIAN.

By JAMES A. GOGGANS, M.D.,
ALEXANDER CITY, ALA.

Our text-books often lead one to believe that it is quite an easy matter to differentiate between ascites and abdominal tumors, and I have recently noticed that a few writers have, in referring to their series of abdominal sections for various causes, stated that "no mistake in diagnosis was made in the whole series."

Now, my experience does not lead me to believe that the diagnosis of abdominal tumors is always such an easy thing; and I will make a few remarks on cases which have occurred in my experience which will serve to illustrate the fact that the diagnosis is often difficult, and in some cases indeed quite impossible without resorting to an exploratory incision.

The specimen which I hold in my hand, is a part of the remains of a cystic ovary and tube removed from a patient, 35 years of age. She was taken with pains in the pelvis after having had her fourth child. This pain continued for four years before the abdomen began to enlarge, and at the time I saw her and removed the tumor, the abdomen was extremely large. She had been tapped three times and large quantities of fluid had been withdrawn. The canula had been left in the abdominal cavity for three days, and a solution of iodine had been injected into a cyst which was supposed to exist. I recognized some obscure form of pelvic disease and opened the abdomen for its removal. Two water buckets-full of ascitic fluid escaped from the abdominal cavity, when a cystic ovary as large as an orange was found floating in the pelvis. The cyst was ruptured in the attempt to bring it through the abdominal incision, the pedicle being extremely short. There has been no return of the dropsy, and the patient has made an uninterrupted recovery.

The following case is one of extreme interest, being the only case which has ever recovered in America after operation, and perhaps the only one where operation was undertaken for exactly the same condition in this country.

Patient, 21 years of age, had been in bad health for two years, but her abdominal pains had existed only about eight or ten months. The abdominal enlargement was first noticed only three months before I first saw her. Her father and brother, both physicians, had made the diagnosis of abdominal dropsy, and upon my first examination I thought that I had to deal with an ovarian cyst. Upon further investigation I recognized some obscure form of abdominal cyst which could be elucidated only by an exploratory incision, This was made and the cyst proved to be one of the mesentery. The removal of the sac was impossible, consequently it was incised and emptied of a large amount of thin fluid, the incised lips drawn into the abdominal incision, and a glass drainage tube introduced to the bottom of the cyst and drainage kept up until recovery was complete.

The second specimen I show you is a multilocular cyst of the ovary. It was removed from a patient, 45 years of age. The abdomen was quite full of ascitic fluid, and fluctuation in the cyst was very indistinct. In fact the fluid in the cyst was only semi-fluid The diagnosis in this case was almost impossible. From the fixity of the tumor it seemed to be a most unfavorable case on which to operate; but there was much distress, and as the uterine cavity was not elongated, and there were no other signs indicative of malignant disease, I consented to operate, with the results as I show you. The patient made a perfect recovery.

A few weeks ago I was asked to see a lady who had been told that she was pregnant, and the symptoms pointed very clearly toward pregnancy, the menses having ceased to flow quite suddenly. It turned out to be a dermoid cyst which in all probability may have been solid originally, and

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very closely connected with the uterus. I must think that all abdominal surgeons who have much experience encounter more or less difficulty in the diagnosis of many cases. And I believe that we should exhaust every means at our disposal to make a perfect diagnosis, but after doing all this, there are still cases where there is manifest serious abdominal disease, and our course is quite clear that we should not wait for a post-mortem examination to clear the way, but should boldly make an exploratory incision and give the patient a chance for life. I can recall cases sufficient to establish in my mind the fact, that many lives may thus be saved, which would, without exploratory incisions, have been sacrificed. I make it a rule to regard all female patients, who are invalids and suffer from incapacitating pains, with surgical suspicion, whether they have a tumor or not. If I can not make the diagnosis perfectly clear, it in no way interferes with me, for I believe the way to duty is quite clear, and that the condition is an unnatural one and demands an operation. I am not an advocate for abdominal section for mere symptoms, especially dysmenorrhœa and the neuroses, but am firmly of the opinion that we should always be able to put our hands on something that we know is pathological, and is causing serious symptoms, before we subject the patient to such a grave procedure. The point I wish to bring out in this paper is, that it is altogether unnecessary to wait and try to map out all of the pathological conditions that may be present in a given case before an operation is undertaken.

AMPUTATION AT THE HIP JOINT.

Dr. A. J. McCosh showed a man, twenty-seven years old, whose general health had been good. An operation had been done eight weeks betore. Hemorrhage had been controlled by transfixing pins, above which had been placed a rubber ligature (at the snggestion of Dr. Wyeth). A circular incision had been made six inces below the great trochanter and a vertical incision on the outer side of the thigh, from the top of the great trochanter to the circular incision. All the larger vessels had been tied before the removal of the ligature, and there had been but little oozing. The disease had originally been an osteosarcoma of the shaft of the femur, but at the time of the operation it had extended to the neck of the bone and to the surrounding muscular tissue. The bone had been so soft that it had fractured high up during the preliminary examination, which fact had rendered it very hard to disarticulate the head of the bone. The wound had been sutured, with drainage, and a slight sinus had persisted where the drainage-tube had been placed. The speaker had been unable to get any suggestion as to the application of an artificial limb.

Dr. J. A. Wyeth had done three such amputations—one the day before. He had always left the pins and ligature in place until all the muscles had heen stripped from the bone, thus preventing much oozing, which had taken place generally when the bone had been stripped of its muscles. After this the speaker had removed the pins and ligature, as the remainder of the operation had been accompanied by but little hemorrhage. He had found it very convenient to leave the bone much longer than the stump, as it afforded a longer lever, thus rendering disarticulation quite easy.

Dr. B. F. Curtis had had two cases in which he controlled the hemorrhage by an Esmarch bandage placed around the thigh and abdomen in a figure-of-eight direction. In his last case the drainage-tube had been removed in twenty-four hours. The wound had been entirely healed in ten days. The speaker showed photographs of his result.

Dr. Rushmore had done one operation during the winter in which he had controlled the hemorrhage by the Jordon-Lloyd device with perfect satisfaction. His patient, an old man, had made a good recovery.—*N. Y. Med. Jour.*

MENTHOL IN ACUTE SUPPURATIVE OTITIS MEDIA.

Dr. R. Cholewa, of Berlin, warmly recommends menthol (peppermint-camphor) against acute suppurations of the tympanum. In a case of acute otitis media, of recent origin, he proceeds as follows:-

If the tympanum is intact and there are no well-defined signs of an accumulation of pus, he first tries to abort the inflammatory process by means of instillations of 10 per cent. carbolized glycerin. If this fails (which always happens in cases of suppuration), or when inspection of the still intact tympanum denotes with certainty the existence of a collection of pus, the drum is freely incised, after previous disinfection of the auditory canal. The tympanic cavity is then washed out with a sterilized solution of sodium chloride, injected through a catheter introduced into the Eustachian tube. This done, the catheter is maintained in position, and a few drops of a 10 per cent. oily solution of menthol poured into it, and a rubber ball syringe fitted to it with which air is insufflated into the tympanum, for the purpose of propelling through the incision the rest of the sodium-chloride solution and at the same time a certain quantity of menthol. Then after carefully drying the auditory canal, it is closed with a dry tampon of mentholated cotton, conical in shape, introduced in such a manner that its broad extremity hermetically closes the external meatus, while its tapering end, though being in cantact with the tympanic membrane, exerts no pressure on the same. The dry mentholated dressing is removed once in twenty-four hours.

Acccrding to Dr. Cholewa, the discharge, under the influence of this treatment, loses its purulent character, becomes more and more serous, and dries up rapidly; the redness of the tympanum disappears, the incision heals up, and cure supervenes on the average in eight days, at the end of which there remains, as the sole relic of the affection, a slight tinnitus aurium.

It might be interesting to note that almost two years ago. Dr. Pentkowski, of Radom (Russia) recommended peppermint oil in suppurative otitis media.

"My gracious, man!" exclaimed the doctor, examining his patient, "you must have been living on the richest food imaginable. Your stomach is in a terrible state."

"Well," replied the poor fellow, "my wife got a new cook a week ago, and I discovered to-day that she'd got into the wrong part of the cook book, and had been feeding us on dishes inteded only for invalids."

It is needless to recapitulate all the various cases to which this ideal form of nutrition has been given. Suffice it to say that, in my judgment, the ALE AND BEEF, "PEPTONIZED," is all that is claimed for it, and that it furnishes mild stimulation along with nutrition in a manner to be acceptable to the most delicate stomach and agreeable to the most fastidious palate, at a time when the mouth and palate are more than weary of the various forms of slop which are presented in the average sick-room. The ALE AND BEEF, "PEPTONIZED," which is agreeable and tangible, becomes a very oasis in the "Sahara of sameness" of the lives of the weary victims of ill-health.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Price, 25c. per bottle; $2.50 per dozen.

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* 267 W. 17th St., New York

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

BURGUNDIA COCA.

The Tonic of Tonics.

THE STANDARD FOR DELICACY AND EFFICACY.

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OBITUARY.

DIED in Chicago, Ill., on Aug. 21, Ethel R., daughter of Dr. Frank J. Jirka, age 19 months.

DR. WILLIAM F. DUNCAN, one of the most prominent citizens of Williamsbridge, N. Y., died at his home in that place, August 30.

DR. LEWIS PAST, died in San Diego, Cal., Aug. 21st, age ninety-seven. He served in the war of 1812 and at one time practised medicine in New York and Chicago.

DR. THOMAS F. WOODS, of Wilmington, N. C, died at his home in that city on 22d inst. He was well known throughout the South and was editor of the North Carolina Medical Journal.

DR. A. L. BURSON, died at his home on South Crawford St., Fort Scott, Kas., Aug. 4. He was a specialist in diseases of Eye, Ear and Nose and was ex-president of the Bourbon Co. Medical Society.

DR. COLVIS, a prominent colored physician of Paris, France, died in his home in that city, Aug. 16. age 61 He was a graduate of the Lycee Bonaparte and was very successful in his profession.

DR. WM. M. LAWRENCE, died at his home in Batesville, Arkansas, Wednesday, July 13th, in the 66 year of his age. He was born in Christian Co., Ky., November 22nd, 1826; removed to Batesville in 1846; he was a graduate of the St. Louis University class of 1848.

DR. JAMES C. GREEN, a physician of Arlington, Ind., died July 16th. On June 28 he was a delegate to the Repablican State convention at Fort Wayne, and while in a big crowd was jammed against a door-knob, injuring his side so badly as to cause an injury that has since resulted in his death. He was thirty-eight years old.

DR. ELMER F. BERKELE, who died in Canon City, Col., on August 20, was born in New Haven, Conn., twenty-six years ago. He was graduated from Yale, class of '87, and from the College of Physicians and Surgeons, class '90. After completing his medical studies he was appointed house surgeon in Bellevue Hospital, where he served with distinction.

DR. JOHN LOWE, a member of the Produce Exchange, died at Lowville, N. Y., on Friday, aged seventy years. He was born in Wayne county, N. Y., and was educated for a physician, which profession he was unable to practise in consequence of poor health. He was engaged in the forwarding business in Oswego, N. Y., until twenty-five years ago, when he came to New York and engaged in fire underwriting.

ADELRICH STEINACH, M. D., of No. 188 Second avenue, died on Thursday, Aug. 25, after a long illness, the germs of which were contracted during the war. He was born in St. Gall, Switzerland, April 26, 1826. He studied the liberal arts in the University of Freiburg and took his medical degree from Strasburg University. Later he studied at the University of Paris. In 1856 he came to this country. Dr. Steinach wrote an extensive work on evolution, in exposition of Darwin's theories. This was published in German Scientific and Med. Journal frequently, contained his contributions.

MARRIAGES.

Dr. C. S. Jones, of Atlanta, Ga., was married to Miss Sallie Weaver, at her home in Griffin, Ga., August 18th.

At the residence of the bride's mother, Tchula, Miss., May 19, 1892, Dr. W. L. Hughston to Miss Maude Goodman.

At Bridgeport, Conn., on Friday, August 26. SARAH E., daughter of the late Dr. HENRY S. HEWIT, to Lieut. JAMES H. FRIER, of the U. S. Army.

PERSONAL.

DR. C. L. MULHEIM, of Parksburg, Va., is at Atlantic City, N. J.

DR. A. W. CURRY, of this city is at the Brunswick Asbury Park, N. J.

DR. JAMES TYSON, of Philadelphia, is at Congress Hall, Saratoga Springs N. Y.

DR. J. A. HENEFICK, of Boston is at the Profile House, White Mountains, N. H.

DR. WM. CUSTON, formerly of Corsicana, Texas, is now located at Denver, Col.

DR. E. L. MACOMB, of Bristol, Conn., is at the Profile House, White Mountains, N. H.

DR. OGDEN DOREMUS, of this city, is at the "Grand Union, Saratoga Springs, N. Y.

DR. CHAS. SCHAFFNER, of Philadelphia, is at the "Carleton," Spring Lake Beach, N. J.

DR. A. W. CALHOUN, the celebrated oculist of Atlanta, Ga., is stopping with Mr. J. R. Dubose, Asheville, N. C.

DR. W. R. GILLETTE, chief medical director of the Mutual Life Insurance Company, this city, is in Hot Springs, Ark.

A department of Medical Electricity has been added to the *Electrical Review* with Dr. J. Mount Bleyer, the eminent specialist, as editor.

DR. RALPH SMITH, son of "Bill Arp," who is practising medicine in Atlanta, Ga., has been elected surgeon in the Grady Hospital of that city.

DR. P. C. WESTMORELAND, formerly of Greenville, S, C., has moved with his family to Atlanta, Ga., and is located at 31 Gilmer street at present.

THE FUTILITY OF LOCAL MEDICINAL TREATMENT IN "CATARRH."

An ample waste-paper-basket would scarcely hold the clippings of idle prattle published yearly on new remedies, preparations and prescriptions for the local treatment of catarrh. They are but sad commentaries on our empiric use of medicines, for a little thought on the etiology and pathology of nasal affections would show the fallacy of trying every new drug as a specific in this disease. Now the fact is there is not a drug in the whole armamentarium of medicine that has any action at all specific in catarrh; *disinfection, antisepsis, cleanliness and solubility of mucous* is the utter limit of their usefulness so far as curative action is concerned. An enlarged state of the tissues of the turbinated bones and the mucous membrane can not be made smaller by any direct medicaments, nor can a wasted membrane be built anew by such methods If any change happens of a curative nature it is due to some change in the environment of the patient; as a climate in which he is not liable to sudden changes or some such means by which the general conditions are improved. The treatment of catarrh belongs to minor surgery; it is not an acute trouble, for its very nature is chronic. The physician's duty is to diagnose the case as hypertrophy or atrophy and the stage of each, and it is often difficult to tell whether a hypertrophic trouble is beginning superficially to show atrophic changes.

The tissues of the nose can be dealt with by caustics, by the galvano cautery, the drill, snare or knife; the septum (cartilage) must never be interfered with by caustic, or the galvano-cautery. In the hands of the surgeon hypertrophic rhinitis is nearly always amenable to treatment; atrophy is often beyond all his skill

Keep clear of the favorite prescription of the quack, which is those drugs that cause quick contraction of the mucous membrane and temporary relief in hypertrophy, to wit: cocaine and strong solutions of thymol, menthol, and carbolic acid. *The reaction following makes the original condition worse and such treatment leads eventually to severer forms of atrophy.—Omaha Clinic.*

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In the daily endeavor to accomplish this end, not only has Mr. Pomeroy developed and brought into service many useful inventions, but his assistants, who have been with us the greater part of this period, have acquired the necessary skill, patience and judgment to apply them correctly, so that a failure in any respect is the rare exception.

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It is earnestly requested that physicians sending their patients to us will, whenever practicable, give written directions as to what is required, and such directions will be carefully heeded.

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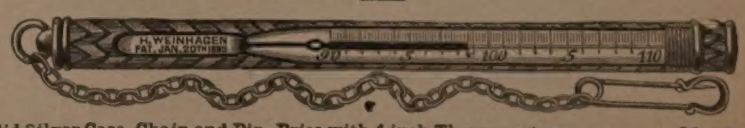

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Very respectfully,

BALTIMORE, MD., 8, November 1887. ORRAY T. SHERMAN.

The Doctors Weekly

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EVERY SATURDAY,

BY

FERDINAND KING, M. D.

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ANNOUNCEMENT.

EARLY in October, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost.

SICK MAN.—"I want a drink of gin and will have it."

Minister.—"But, sir, you are dying. You can't expect to be received within the golden gate with the smell of gin on your breath."

Sick Man.—"Pshaw! I'll have stopped breathing before I get there."

GARDNER'S

SYRUP OF HYDRIODIC ACID.

HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

FORENSIC PSYCHIATRY.

Under this heading the *Memphis Medical Monthly*, for August, devotes fifty pages to a complete report of the now famous Alice Mitchell case, recently on trial in that city. The expert testimony, taken altogether, forms a most valuable contribution to the literature of insanity, particularly the form of insanity attributed to the unfortunate defendant, viz., paranoia. The unanimity with which the various experts in the case agreed upon the particular form of insanity is somewhat remarkable. Even experts at a distance, whose opinions, based on hypothelical cases, were secured by the attorneys representing the defense, were unanimous, not only as to the undoubted insanity of the accused, but also as to the peculiar form of the malady in this particular case. We think it unfortunate, however, that the accused was not subjected to a physical examination, as no doubt such examination would have thrown much additional light on the subject. From a careful reading of the evidence submitted at the trial, we are inclined to the opinion that the defense purposely avoided a physical examination, while the prosecution overlooked it, or failed to appreciate its importance.

EDITORIAL ITEMS.

MANY of our local medical societies will resume their regular meetings this month. No doubt they will take up cholera in all its horrible details aud give it to us till we can't rest.

WE think it unfortunate that so many of New York's streets are at present undergoing repairs, as the upturning of the soil over such a large area for the purpose of relaying Belgian blocks is calculated to contribute no little to the encouragement of any possible infectious disease.

WE are already in receipt of a sufficient number of photographs of New York's most prominent physicians and surgeons for our October issues, to insure our subscribers the most valuable collection of the kind ever printed in this Country. Remember, this series of photographs will appear in *four* consecutive issues of the WEEKLY begining *Saturday October 1st.*

THIS is the season when the festive "drummer," armed with a full line of "samples" goes forth to tackle the unsuspecting M.D. Our office boy has dropped into rhyme as follows:—

The small-pox patient is laden with germs,
The cholera man has them without name;
The "Interviewer" carries no germs at all,
But he gets there all the same.

DR. WM. E. SYLVESTER, who has had about fifteen years' experience in the management of the insane, has been appointed superintendent of the Kings County Lunatic Asylum. Dr. Sylvester was at various times connected with the Butler Asylum at Providence, R. I., Vermont State Insane Asylum and the Willard State Hospital.

About a month ago an editorial appeared in the *N. Y. Medical Journal* charging the Health Board of this city with inefficiency, and a certain amount of political wire-pulling. We are sorry to see that the editor of that most worthy journal "took it all back" in his issue of last week. The original onslaught, however, had had a wholesome and invigorating effect in certain quarters before the retraction appeared. It's an ill wind that blows no good.

WE are pleased to note the radical measures adopted by our Board of Health and city authorities to prevent the entrance of cholera into the port of New York. Ships from infected ports are being detained at quarantine for a period of five days while the steerage passengers are thoroughly disinfected. If such passengers were prevented altogether from landing until all danger is past, the great American people might breathe easier. Prompt measures should also be adopted to prevent the importation of rags and other germ-carrying articles of commerce until the danger line shall have been passed. Filth and disease-germs always travel together.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

A very full programme is aunounced for the coming meeting of the American Electro-Therapeutic Association which is to be held in New York, at the Academy of Medicine, 17 West 45d street, October 4th, 5th and 6th.

There will be two interesting discussions, one upon "The Relative Foeticidal Value of the Different Currents and their Application to Ectopic Gestation," to be discussed by many prominent gynecologists and electricians, and another upon "Cataphoresis and its Practical Application as a Therapeutic Measure."

Papers are announced by Drs. Geo. J. Engleman, Wellington Adams, and Geo. F. Hulbert, of St. Louis; Wm. F. Hutchinson, of Providence, R. I.; Franklin H. Martin, of Chicago, Ill.; A. Lapthorn Smith, of Montreal, Canada; R. J. Nunn, of Savannah, Ga.; Thomas W. Poole, of Lindsay, Ontario; C. Eugene Riggs, of St. Paul; W. J. Herdman, of Ann Arbor, Mich.; D. S. Campbell, of Detroit, Mich.; G. Betton Massey, of Philadelphia; Henry D. Fry, of Washington, D. C.; H. E, Hayd, of Buffalo, N. Y.; J. H. Kellog, of Battle Creek, Mich.; C. G. Cannaday, of Roanake; Va.; Ernest Wende, of Buffalo, N. Y.; and Wm. J. Morton, Augustin H. Goelet, A. D. Rockwell, Landon Carter Gray, Robert Newman, Ephraim Cutter, Frederick Peterson, G. M. Hammond, F. Van Raitz, of New York, and many others. Dr. J. Mount Bleyer will give an instructive lecture with demonstrations entitled, "The Phonograph and Microphonograph, the Principles underlying them and their Uses in the Sciences,"

In connection with the meeting there will be an exhibition of modern medical electrical apparatus, all the prominent manufacturers being represented.

The social part of the programme includes many pleasant surprises.

A SURE THING.—Primus: "Young Dr. Neale tell me that in his specialty he has never made a mistake in a diagnosis." Secundus: "What's his specialty—autopsies?"

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THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

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THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—represents the Anodyne principle of one-eight grain of Morphia.

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THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications —

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations.

PRESCRIPTIONS.

GONORRHŒAL ERECTIONS.—(Treatment.)

—PILLS.—

Camphor. 30 grains,
Opium Extract, 3 "

For 20 pills!—4 pills to be taken at night,—1 every 15 minutes.[*Jour. des Mal. Cut. et Syph.*]

SALOL IN CHAPPED HANDS.

—OINTMENT.—

Salol, 2 parts.
Menthol, 1 part.
Olive Oil, 2 parts.
Lanolin, 60 "

For inunction!—Apply 2-3 times daily.—[*Ann. de Med.*]

LINGUAL ECZEMA.—(Treatment.)

—OINTMEMT.—

Cocaine, ¾ grain.
Peru Balsam, } of each 15 grains.
Boric Acid, }
Vase in, 1¼ ounces.

Externally!—Rub the tongue several times daily. [BESNIER—*J. de Med. et de Ch. Pr.*]

DERMATOLOGICAL FORMULÆ.

The *Berliner kliuische Wochenschrift*, Nos. 14 and 15, 1892, publishes the following as the formulæ generaly used by Lassar:

190. WHITE PASTE, PASTA SALICYLICA:

℞ Acid. salicyl, ʒ ss.
Zinc. oxid,
Amyl. aa. ʒ VI.
Vaselin. flav ʒ XIIss.
M. leni terrendo f. parta.

191. RED PASTE, UNG. SULPH. RUBR.:

℞ Hydrarg. sulphurat, gr. XV.
Sulph. sublimat, ʒ VI¼.
Vaselin. flav, ad. ʒ XXV.
M. f. ung.

192. CARBOLATED LEAD-OINTMENT, UNG. DIACH. CARBOLIS.:

℞ Emplastr. lytharg. simpl,
Vaselin. flav, aa. ʒ XIIss.
len. ign. misce add.
Acid. carbolic, ʒ ss.
M. f. ung.

193. ZINC OIL. PASTA OLEOSA ZINCI:

℞ Zinci. oxid. puriss, ʒ XV.
Ol· olivar, f ℥ Iss.
M. f. past.

194. MILD RESORCINE PASTE:

℞ Resorcin, ʒ IIss.
Zinc. oxid,
Amyl, aa. ʒ V.
Parrafin. liq, f ℥ IIIss.
M. f. paste.

195. STRONGER RESORCINE PASTE:

℞ Resorcin,
Zinc. oxid,
Amyl aa. ʒ V.
Parrafin. liq, f ℥ Iss.
M. f. paste.

Condensed Extracts.

THERAPEUTIC NOTES.

DILUTE HYDROBROMIC ACID (15-20 minims) is prescribed by Dr. B. W. Richardson with digitalis infusion (½ ounce) for noises in the head, with throbbing.

SOLUTION OF IRON TRI-CHLORIDE is recommended by Dr. Tetzel as a local application to *soft chancres*,—to be continued for three to five days, when the sore is dusted with calomel.

PROFESSOR H. A. HARE says that it is no use to give cod-liver oil after there are tubercular deposits in the lungs. It is absolutely harmful in the majority of cases, as it disorders the stomach, and very frequently gives rise to an oily diarrhoea.

BROMIDE OF STRONTIUM seems destined to displace bromide of potassium. Insist on having the chemically pure salts (Paraf-Javal) dispensed, or the standard solutions (ʒ j to the fluid ounce), so as to avoid accidents, as toxic effects have been caused by the dispensing of impure strontium salts, the poisonous barium being a concomitant of the strontium preparations of commerce.—*St. Louis Clinique.*

CARBON TETRACHLORIDE, CCl_4, is a colorless liquid, boiling at 76.5° C., and having a specific gravity of 1.6319 at 0° C. It is recommended as a cheap and efficient substitute for benzine, ether, or disulphide of carbon in the extraction of alkaloids, for the determination of fats, and many other of the uses to which the aforementioned are usually applied. Being uninflammable it is to be preferred to ether or the disulphide of carbon.

ADULTERATED IODOFORM GAUZE.—According to the *Chemist and Druggist* for June 11, 1892, one of the German analytical laboratories has detected an adulterated iodoform gauze, which was labelled "iodoform gauze, thirty per cent." It contained eight per cent. of iodoform, and the color had been heightened by a nitrated derivative of phenol.

To detect this adulteration, the gauze should be plunged in water when the water becomes of a yellow color. Pure iodoform gauze does not yield its color to water.

CONDURAGO has been employed in powder, in alcoholic tincture, in wine, in cold infusion, in fluid extract, and in decoction. According to Dr. H. L. Reboul, its active constituents are insoluble in water; for this reason it has been found expedient to treat the bark with the processes Astier uses in granulating cinchona bark,—consisting in treating the drug with vehicles appropriate to the solution of its active principles, combining the fluids thus obtained, evaporating them in vacuo, and replacing the inert matter by sugar. Only the bark of Condurango *blanco* is employed.

SOLUBILITY OF LEAD IN COTTON-SEED OIL.—The following curious property of cotton-seed oil has been mentioned before: "A gallon of oil has been poured into an iron vessel on whose bottom are spread 20 lbs. of melted lead. After shaking for a while the oil is decanted, and the lead, if then weighed, will amount to only 17 lbs., the remaining 3 lbs. having passed into the oil. If this operation is repeated four times, cooling the oil each time, one-half of the lead will be found to have disappeared. The oil thus impregnated may be applied like an ordinary paint, and will effectually protect metal against rust." We believe this statement holds good with linseed oil as well as cotton seed.—*Drug. Circ.*

THE oil of amber has recently been used in the treatment of catarrh, hay-fever and ozena. It is quite expensive, as one pound of amber only yields half ounce acid succinic-composition, C_4, H_8, O_3. This acid is not now used, but triturations of amber, or the oil of amber are used, in catarrh and ozena. In some countries the necklaces, ear-rings, etc., were used years ago as protection against colds, neuralgia and hay-fever. The triturated amber may be used in very small doses. The oil may be used in small doses, say ¼ to ½ gtt., three times a day. I have used the triturated oil (in sugar of milk) 5 gtts. to one ounce of the milk sugar, and used as a snuff three times a day. This snuff aids in arresting catarrh, ozena, and bronchitis.—I. J. M. Goss, A.M., M.D., *in Ga. Elec. Jour.*

NEWS AND MISCELLANY.

AMMONIUM BENZOATE, in 5 to 15 grain doses, is recommended as the most satisfactory medicament in cystitis.

DR. PHILIP MARKBREITER, founder and for many years editor of *Wiener medicinische Presse*, and a popular physician is dead, at the age of 83.

NEW buildings to cost $200,000 are being erected for the New York Post-graduate Medical School and Hospital. About one year will be required for their completion.

A CASE of small-pox, the first in two years, has been discovered in Boston. Hydrophobia is also said to prevail to some extent in certain parts of Massachusetts.

DR. MORITZ SCHMIDT, the well-known laryngologist of Frankfort-on-the-Main, who was one of the consultants summoned to the bedside of the late Emperor Frederick at San Remo in November 1887, has had the honorary title of "Professor" conferred upon him.

DR. BRANSFORD LEWIS, the talented editor of the *Medical Fortnightly*, St. Louis, has been appointed in Genito-Urinary Surgery to the City Hospital, the Female Hospital, St. Mary's Infirmary and the Missouri Pacific Hospital in that city.

DR. CHARLES WARRINGTON EARLE has been called to the chair of Obstetrics and Diseases of Children, in Rush Medical College, recently made vacant by the death of the late Professor Knox. Dr. A. C. Cotton has been elected Clinical Professor of Diseases of Children.

A NEW hospital was recently opened in the Rue Bagnolet, Paris (20th arrondisement), to be called the "Debrousse Hospital," in memory of the foundress, the Baroness Alquier-Debrousse, who some time ago bequeathed 6,000,000 francs (£240,000) to the Assistance Publique for the purpose.

SEVERAL Physician's Mutual Protective Associations have recently been organized in England. They are fostered by such men as Lawson Tait, John Hutchinson, and others equally prominent. The object of such associations is to insure members against vexatious prosecutions and illegal competition.

DR. CHAS. E. SAJOUS, editor of the *Medical Annual*, has been appointed a Knight of the Legion of Honor of France, by President Carnot, for his services to the French colony and to science. As an American of French descent, Dr. Sajous went to Paris last May to translate his *Medical Annual*, and he expects to make Paris his home for the next three years.—*Times and Register.*

A MOVEMENT is on foot in England to establish a society for the employment of epileptics. There is a very large proportion of this unfortunate class who are unable to obtain work under ordinary conditions owing to the natural objection to engaging men or women subject to "fits." On the Continent, practical efforts have been made by means of "colonies" and other institutions to employ able-

bodied epileptics under conditions suited to their infirmity, and this is what it is now proposed to do in England.

From a recent statistical publication at Paris, in the columns of *La Petite Republique Francais*, we gather the following facts as to the localities of certain diseases: In England are found the greatest number of deaths from small-pox, typhus, rabies, and cancer; followed by Germany and Austria. In Austria, dysentery, scarlet fever, intestinal diseases and pulmonary phthisis have more victims than in any other European countries. In Belgium, typhoid fever and whooping cough. The country in which these diseases are less prevalent is Holland. In Germany there are most suicides. Mortality among children is classified as follows: Austria 24 per 100, Prussia 19 per 100, England 13 per 100.

Hon. Jacob H. Gallinger has introduced into the United States Senate a bill having for its object the establishment in New Mexico, or such place as a commission appointed for the purpose may select, a sanitarium for pulmonary diseases. The bill authorizes the President to appoint a committee of three persons, two of whom shall be physicians, to select a site and report to the President, who shall then by proclamation reserve the necessary land for the above purpose. Mr. Gallinger then addressed the Senate upon the propriety and constitutionality of such an act, and urged its consideration upon the legislators. England has already done something of this kind in the establishment of the consumption hospital at St. Lawrence, Isle of Wight.

Dr. Joseph Price, of Philadelphia, Pa., pays the Medical Society of Virginia a special compliment in offering a prize of one hundred dollars, to be awarded the Fellow of the Society who may present, during the session of 1893, the best of the worthy essays on "The History of Surgery and Surgeons in Virginia." Dr. Price, as is generally known, is a Virginian by birth, and adds this to his many former expressions of inborn love for his native State and esteem of her professional renown. The essays offered in competition are to be dealt with, in all respects, as are the essays offered for the Dr. Hunter McGuire Annual Prize. Fuller announcement will be made during the session of the Society, at Alleghany Springs next month, with reference to this prize offer for the session of 1893.

Alum to Purify Water.—Prof. A. H. Leeds, in an experiment performed upon the water used at Mt. Holly, N. J., found that alum, added in the proportion of half a grain to the gallon, produced the following effect: "On standing, the peaty matter was entirely precipitated in reddish-yellow flakes and the water above became perfectly colorless and clear. On pipetting off some of this supernatant fluid I found that instead of containing 8,100 colonies of bacteria per cubic centimetre, as it did before their precipitation with alum, it contained only 80 colonies. On filtering some of this supernatant water through a double thickness of sterilized filter-paper into a sterilized tube, I found no bacteria in the filtered water. In other words, the water had been rendered, by the addition of an amount of alum so minute as to be inappreciable to taste and almost to chemical tests, *as sterile as if it had been subjected to prolonged boiling*."

THE JEWS, THE HITTITES, AND AMORITES.

Our Berlin Correspondent writes: At the Anthropological Congress held at Ulm an interesting and highly suggestive paper on the anthropological position of the Jews was read by Dr. v. Luschan, of Vienna. He began by confessing his inability to define the word Semite. It embraced a number of Oriental races, and stood for a distinction more linguistic than ethnological. The home of the primitive Semites seemed to have been in Arabia, though some researches point to the neighborhood of the Upper Euphrates. More than 60,000 skulls of Hebrews, Phenicians, Aramæans, and Bedouins have been examined, and the result was a bewildering number of varieties. The Bedouins alone could be considered a physically distinct race, their characteristics being a long, narrow head, a short, slightly bent nose (not the so-called Jewish nose), which type was probably that of the primitive Semites. The examination of the Hebrews gave very different results, 50 per cent. decidedly brachycephalic, 11 per cent. fair haired, with genuine Jewish noses (different from the nose of the primitive Semite), and 5 per cent. only just dolichocephalic. Thus only a small fraction were really Semites. The Crusaders had been held responsible for the percentage of the fair-haired type among the Hebrews—but it had been proved that races that mixed with the Hebrews in times of old were fair—the Amorites and the sons of Enak, of whom mention is made in the Bible. Dr. v. Luschan's researches had led him to the conclusion that the brachycephali among the Hebrews were descended from the Hittites. Thus the modern Jews might be considered as descendants from (1) the Arian Amorites, (2) the Semites proper, and (3) the Hittites. In the discussion which followed Dr. v. Luschan's paper, Professor Virchow remarked that he too had noticed the large percentage of brachycephalic heads amongst the Semitic races, and that a large number of skulls found at Hissarlik which he had examined, were almost exclusively brachycephalous. But he had come to the opinion that skull examination did not form the only criterion for the characterization of race; great weight must be given to the examination of the skin. Dr. Alsberg, of Cassel, remarked that much mingling between the Jews and non-Semitic races was spoken of in the Bible. As regards the Hittites, who were as yet an unsolved problem, he thought it likely that they were a Mongolian race.—*British Med. Jour.*

MEDICAL PRACTICES.

Medical practices and drug stores bought, sold and exchanged, Partnerships arranged, assistants and substitutes provided. List of 200 practises and drug stores for sale, and all further information sent free on application, by addressing The Medical Echo, Lynn, Mass.

VAGINAL CYST COMPLICATING LABOR.

Puech (*Arch. de Tocol. et de Gynec.*, March, 1892), maintains that one case related by Peters is the sole instance already on record, where a vaginal cyst seriously affected labor. He describes a second under his own observation. The patient was a laundress, aged 25. She was a big, strong woman, who had always enjoyed good health, and never suffered from menstrual troubles. Five years before she was delivered of her first child, and noticed on recovery that there was a swelling on the vulva. Chronic vaginal discharge set in. In October, 1889, she was confined for the second time, Puech was present on this occasion. There was a cyst as big as a hen's egg in the lower third of the vagina, posterioaly and somewhat to the left. Labor was concluded without instruments; a small male child was born; the pains were very strong. The foetal head flattened the cyst, which was not ruptured. The patient declined any operation, the tumor did not inflame, and on recovery there was no pain during walking or coitus. On November 16th, 1891, this patient was again delivered. The cyst was found, during labor, much enlarged, so that exploration of the os was difficult. The vertex presented in the first position. The head, well-engaged in the pelvic cavity, bore against the cyst, which was thus pressed towards the vulvar cleft. As the tumor clearly impeded labor, it was punctured with a trocar. Three ounces of a pale brown puriform fluid escaped. A 1 in 2,000 sublimate solution was repeatedly injected until it returned quite clear, and the vagina was thoroughly cleaned. A large female child was then delivered without difficulty. During childbed, the cyst rapidly refilled, but the patient refused to have it removed.

TREATMENT OF ERYSIPELAS.

Cavazzani (*Gl. Incurabili*, May 1st and 15th, 1892) draws attention to a plan of treatment first advocated by him for erysipelas as long ago as 1867. It consists in the application every two hours to the affected part by means of a brush of the following mixture: ℞ Tannin, camphor, *aa* 1 pt.; ether, 8 pts. With this simple treatment highly successful results are recorded in 100 cases of varying severity. In another series of five cases the author applied in the same way a 1 per cent. alcoholic solution of fuchsine, with quite satisfactory results. As to the mode of action and general efficacy of this latter application, he refrains from making any suggestions till a further trial has been made. Sachs (*Bull. Gen. de Therapeutique*, May 30, 1892) places on record four cases of erysipelas which progressed most favorably under the influence of ichthyol. The drug was employed dissolved in collodion in the proportion of 1 in 10, and was applied by means of a brush to the affected region.

MENSTRUATION IN AN INFANT.

O. E. Tchernomordik of Tchashniki, relates (*Vratch*, No. 4, 1892) the case of a normally-developed and generally healthy girl who has been regularly menstruating since February, 1891, when she was not quite one year old. The hæmorrhage recurs every four weeks, lasting on each occasion four or five days, and being accompanied by occasional pain about the hypogastrium. The first menstruation was preceded by some fever, an urticaria-like rash over the whole body, and general restlessness lasting for three days. The symptoms subsided with the appearance of the bleeding. The girl's mother is somewhat nervous but otherwise healthy. She began to menstruate about the age of 15.

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Helonin, ⅛ gr.
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EUROPHEN is a complete substitute for iodoform and is a cicatrisant, of special value in specific lesions, catarrhal and ulcerative diseases and all surgical conditions formerly treated by the latter preparation. It has five times the covering power of iodoform and forms an impervious coating over denuded tissues. Europhen has a faint, agreeable odor resembling that of saffron. (*Supplied in ounces.*)

SALOPHEN is a new salicylo-phenolic derivative said to be so combined, chemically, as to constitute a safer and more effective remedy than either of its components, or any analagous preparation. The reports refer in the highest terms to its value in acute articular rheumatism and allied affections. Competent observers recommend it for trial. (*Supplied in ounces, tablets and pills.*)

SULFONAL induces physiological sleep, free from narcosis, and without sequelæ. It acts purely as a hypnotic and claims no analgic powers. Sulfonal is also of the highest value in the neuroses and is largely employed by neurologists. It is a perfectly safe and reliable remedy and its continuous use does not give rise to a drug habit. Sulfonal must be administered according to directions. (*Supplied in ounces, tablets and pills.*)

PHENACETINE continues to justify the high commendations of physicians, and it may properly be considered as the best of the modern antipyretics and anodynes. In *la grippe*, rheumatism, migraine, neuralgia and allied maladies it is a prompt, safe and effective remedy. Phenacetine, unlike the secret mixtures announced as analgesics and antipyretics, is a true organic derivative. (*Supplied in ounces, tablets and pills.*)

Dysmenorrhœa

AND ITS ALLEVIATION.

OVARIAN. SPASMODIC. INTERMENSTRUAL. NEURALGIC. MEMBRANOUS. TUBAL.

The prominent symptom in all cases of dysmenorrhœa, is the severe pain which demands relief, and which in nearly every instance, is mitigated by the use of whiskey or morphia, both of which are very injurious. A succedaneum for whiskey and morphia is a great desideratum, and this we find in ANTIKAMNIA (opposed to pain). Samples in powder and tablet form, sent free on application.

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I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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A SERIOUS CASE.—According to the *Medical Herald* a lady from the rural districts took her daughter to town and after consulting a number of professors respecting her musical abilities, returned home very much discouraged, and reported to her husband the result of her expedition as follows:

"The first professor said that Almira sings too much with her borax. If she keeps on she will get digestion of the lungs. He said she ought to try the abominable breathing and practise solfudgery. Then the next teacher told me she ought to sing with her diagram, and not smother her voice in the sarcophagus. Then the next he poked a looking-glass down her throat and said the phalanx was too small, and the typhoid bone and the polyglottis were in a bad way; and I never knew that Almira had so many things down her throat, and I'm afraid to let her sing any more, for fear it will kill the poor girl.'

TOMATOES AND CANCER.

Now that the time of the abundance of tomatoes is come, the voice of the cancer querist is heard in the land, and such journals as open their columns to the anxious inquirer about things in general, and things medicinal in particular, are occupied with settling the doubts of those who are afraid to eat this succulent vegetable lest they should be sooner or later afflicted with cancer. Some of the answers are even more foolish than the questions, such as that of a correspondent, who, while consoling the readers of the journal, whose subscribers were interested in the subject, assured them that the tomato is more likely to be a preventive than a cure for cancer; he adds that he has treated cancer "with great success;" "its cause is very simple" (simpler even than tomatoes), and he "does not think its cure should be so hopeless a case as its appears to be." If the popular belief were that this innocent and much maligned vegetable was a cure for cancer, we could understand it on the principle of the "doctrine of signatures," which is a superstition at least as ancient as Pliny. The tomato may be suggestive of certain tumours, to the ignorant mind reasoning from analogy of similar superstition, they should be considered as remedies for such diseases. That they should be believed to cause the disorder is as contrary to the tradition of the most respectable superstitions as it is contrary to common sense.—*British Med Jour.*

SYPHILIS IN NINEVEH AND BABYLON AMONG THE ANCIENT ASSYRIO CHALDEANS,

700 YEARS B. C. (BURET).

W. W. Buret records a very interesting legend which has been deciphered from some tablets in the British museum, which were engraved in uniform characters by a scribe of Sardanapalus. "Isbar (Venus) goddess of criminal lore, of fertility, and of war, mother of gods and men, being seduced by the persistence of Izdubar (Nimrod) demanded of the hero that he make her his wife. The request was refused and he continued to hunt in the woods with his comrade Eabani, a male like to himself, for he could, without interruption, employ a whole week in 'dalliance' with his beloved (for the time). Isbar, furious, demands of her father, Anu, that he send, against the rebel to love, the sacred bull. But Eabani has no fear of ferocious beasts, he seizes the penis of the bull and points it at the figure of the goddess. Isbar is maddened with rage. The whole planyater system trembles; after twelve days of struggling Eabani is struck dead.

As to Izdubar, attacked by a shameful leprosy, which caused his hair to fall off, covered his skin with scales, and with pustules that phallus (penis) which was the pride of Babylon, he descended into the infernal regions, where he became purified in the fountain of life."

Buret finds confirmation in this legend of the ancient origin of syphilis.—*Progres Medicale.*

Apioline-Chapoteaut.

The true active principle of parsley. For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine says :—

In two obstinate cases of Dysmenorrhœa, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhœa in which I have tried it, is specially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years! I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it, as often as I have cases demanding the same." May 19, 1892. Cincinnati.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulant to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nisus.

In prescribing, care should be taken to write the word Apioline in full.

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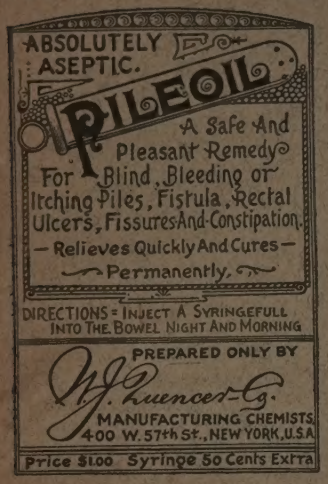
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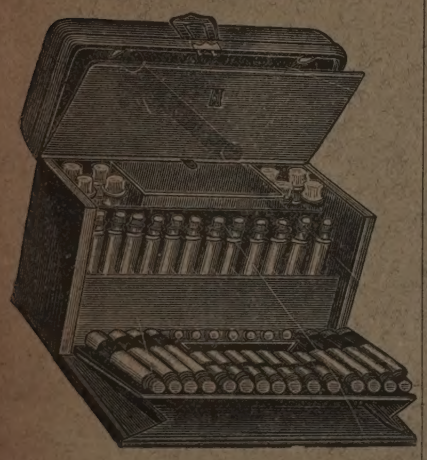

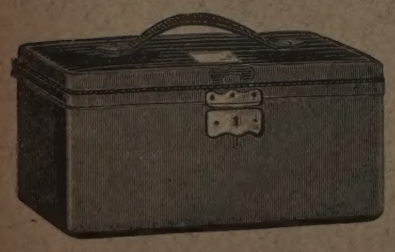

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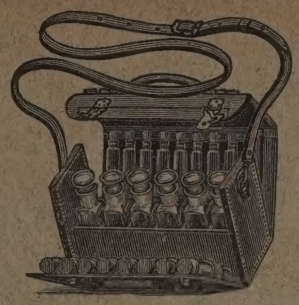

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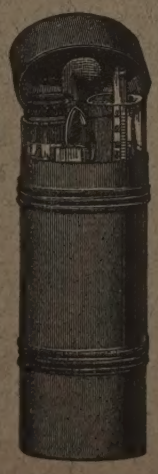

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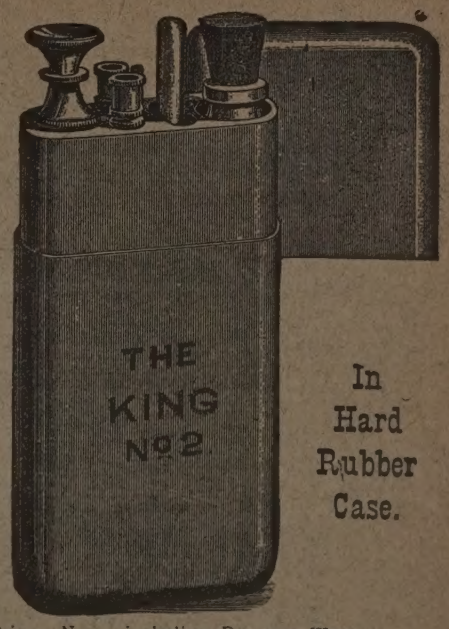

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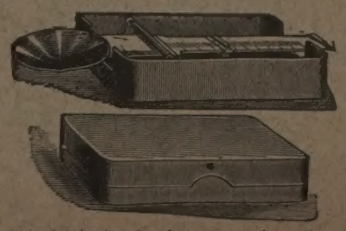

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